



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

05-032

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Nunez Cruz	First Name Israel	Middle Name	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 8252 Pickford Dr.		5. FAX (Optional)		6. E-mail Address (Optional)
7. City Indianapolis	State IN	ZIP Code 46227	8. County Marion	9. Telephone (Day) 317 507-6182
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Marion Superior Court Judge	

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Committee to Elect Israel Nunez Cruz for Judge				
14. Mailing Address <input type="checkbox"/> Check if this is a new address 8252 Pickford Dr.		15. FAX (Optional)		16. E-mail Address (Optional)
17. City Indianapolis	State IN	ZIP Code 46227	18. County Marion	19. Telephone 317 507-6182
20. Committee Organization Date (MM-DD-YY)				
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Israel Nunez Cruz				
22. Mailing Address <input type="checkbox"/> Check if this is a new address 8252 Pickford Dr.		23. FAX (Optional)		24. E-mail Address (Optional)
25. City Indianapolis	State IN	ZIP Code 46227	26. County Marion	27. Telephone (Day) 317 507-6182
28. Telephone (Evening)				
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) PNC				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Israel Nunez Cruz		Signature of the Committee Chairperson		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Israel Nunez Cruz				
34. Mailing Address <input type="checkbox"/> Check if this is a new address 8252 Pickford Dr.		35. FAX (Optional)		36. E-mail Address (Optional)
37. City Indianapolis	State IN	ZIP Code 46227	38. County Marion	39. Telephone (Day) 317 507-6182
40. Telephone (Evening)				

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Israel Nunez Cruz	Signature of Chairperson	Date (MM-DD-YY) 1/20/15
43. Typed or Printed Name of Candidate Israel Nunez Cruz	Signature of Candidate	Date (MM-DD-YY) 1/20/15

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

JAN 21 2015

Myla A. Eldredge